



Hazen Research, Inc.
4601 Indiana Street
Golden, CO 80403 USA
Tel: (303) 279-4501
Fax: (303) 278-1528

Lab Control ID: 19F01564

Received: Sep 23, 2019

Reported: Sep 25, 2019

Purchase Order No.

None Received

Customer ID: 04206Z

Account ID: Z00372

Kevin Lawrence
Desert View Power, Inc.
62-300 Gene Welmas Drive
Mecca, CA 92254-0758

ANALYTICAL REPORT

*Report may only be copied in its entirety.
Results reported herein relate only to discrete samples
submitted by the client. Hazen Research, Inc. does not warrant
that the results are representative of anything other than the
samples that were received in the laboratory*

By: Vickie Buster for

Mark A. Pugh
Fuel Laboratory Manager



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Lab Sample ID	Customer Sample ID	Ash %
19F01564-001	Apollo 9/2-15/19	2.28
19F01564-002	Beneficial 9/2-15/19	1.97
19F01564-003	B.P. John 9/2-15/19	6.29
19F01564-004	Crown Recy 9/2-15/19	4.01
19F01564-005	Ecology Rialto 9/2-15/19	4.60
19F01564-006	G.C.R. 9/2-15/19	4.16
19F01564-007	Great Scott 9/2-15/19	3.73
19F01564-008	Green Army 9/2-15/19	6.00
19F01564-009	Inland Pacific 9/2-15/19	5.74
19F01564-010	Justice Cuts 9/2-15/19	9.17
19F01564-011	One Stop 9/2-15/19	9.80
19F01564-012	SA Recy 9/2-15/19	16.56

By:

Mark A Pugh
Fuel Laboratory Manager

9-2-19 / 9-15-19

HAZEN RESEARCH, INC.
4601 INDIANA STREET
GOLDEN, CO 80403

Phone: (303) 279-4501 Fax: (303) 278-1528

ANALYTICAL SERVICES REQUEST FORM, P.1

For Hazen Use Only	
Date Received by Hazen Research, Inc.: _____	
LCI: _____	Cust. ID: _____
Customer Information	
Company Name: Desert View Power, Greenleaf Power, LLC	
Contact Name: Benjamin Gates, Noleen Jenkins, or Steve White	
Address: 62-300 Gene Welmas Dr. Mecca, CA 92254	
Phone: (760) 262-1600	
E-mail: bgates@desertviewpower.com	
Billing Information (if different)	
Billing Name: _____	
Billing Address: _____	
Phone: _____	
E-mail: _____	
Payment Information (indicate payment method below)	
Purchase Order Number*: _____	
Cash: Amount \$ _____	
Money Order: Amount \$ _____	
Check No.: _____	Amount \$ _____
Credit Card Information (AmEx not accepted)	
Card Number: _____	
Expiration Date: _____	
Name on Card: _____	
Card Billing Address: _____	
Sample Identification	Requested Analyses
Apollo	
Beneficial	
B.P. Johns	
Crown Recy	1-Box
Ecology Rialto	12-samples
C.C.R.	
Great Scott	
Green Army	
Inland Pacific	
Justice Cuts	
One Stop	
SA. Recy	
Method of Shipment: _____	
Requested Turnaround Time: _____	
Standard <input type="checkbox"/> Rush (Must be approved, additional charges apply) <input type="checkbox"/>	
Special Instructions: Hazardous samples will be returned at Customer's expense. Nonhazardous samples may be discarded 90 days after completion unless other arrangements are made.	

*Purchase order number for customer billing reference purposes only. The terms of any purchase order are rejected and do not apply to this transaction.

CUSTOMER REPRESENTATIVE: TO REQUEST THESE SERVICES PLEASE SIGN AND RETURN THIS FORM TO HAZEN RESEARCH, INC.:

IMPORTANT NOTICE: THESE SERVICES ARE ALSO SUBJECT TO THE LEGAL TERMS AND CONDITIONS ON THE REVERSE SIDE (P.2) OF THIS DOCUMENT.